

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tadimitsu KISHIMOTO, et al.  
Title: CHRONIC RHEUMATOID ARTHRITIS THERAPY CONTAINING IL-6  
ANTAGONIST AS EFFECTIVE COMPONENT  
Prior Appl. No.: 09/233,474  
Prior Appl. Filing Date: January 20, 1999  
Examiner: Unassigned  
Art Unit: Unassigned

**CONTINUING PATENT APPLICATION**  
**TRANSMITTAL LETTER**

Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☒ Divisional ☐ Continuation-In-Part (CIP)

of the above-identified co-pending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (27 pages).
- ☒ Informal drawings (6 sheets, Figures 1-6(b)).
- ☒ Declaration and Power of Attorney (2 pages).
- ☒ Preliminary Amendment (3 pages).
- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449 with copies of 47 listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	9	20	= 0	x \$18.00	= \$0.00
Independents:	2	3	= 0	x \$80.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$270.00		= \$0.00
			SUBTOTAL:		= \$710.00
[ ]			Small Entity Fees Apply (subtract 1/2 of above):		= \$0.00
			TOTAL FILING FEE:		= \$710.00

- [ X ] A check in the amount of \$710.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,



Date January 9, 2001

By \_\_\_\_\_

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